

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027198

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 1 1963

## 1. PLACE OF DEATH

a. COUNTY

Rollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Scopus

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

4 Mi. W. Millersville

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri Rollinger

c. CITY  
OR TOWN

Near Millersville

d. STREET ADDRESS (If outside, give location)

ADDRESS

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

Charles Robert

Kinder

## 4. DATE OF DEATH

Month

Day

Year

July 22 1963

## 5. SEX

M.

## 6. COLOR OR RACE

W.

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Oct. 15-1979

84

## 9. AGE (last birthday)

9

7

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Millersville Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Kinder

## 13b. MOTHER'S MAIDEN NAME

Iona Jane Presnell

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Willis Kinder Millersville Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Arrest

## INTERVAL BETWEEN ONSET AND DEATH

## DUE TO (b)

Irreversible shock

## DUE TO (c)

Cardiac Decompensation.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Motor Stoxia

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from Sept 1/62 to July 17/63 and last saw him alive on July 17/63. Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Walter E. Sutton D.O.

## 22b. ADDRESS

Jackson Missouri

## 22c. DATE SIGNED

7-26-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

July 24-63

## 23c. NAME OF CEMETERY OR CREMATORY

Cook Cemetary

## 23d. LOCATION (City, town, or county)

Scopus Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Deneke-Laird Jackson Mo.

## 25. DATE RECD. BY LOCAL REG.

7/29/63

## 26. REGISTRAR'S SIGNATURE

Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0090

2 0090

3

4 0

5 0

6

7 0

8 2

9 4344

10

11

12 90-2

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*R. O. Laine*

Licensed Embalmer No. 4538

P. O. Address

*Jackson, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.